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EDITORIAL

HEALTH SERVICES FOR FEDERAL EMPLOYEES¹

Passage of Public Law 658 by the Seventy-ninth Congress makes possible the establishment of a preventive medical program for Federal employees. Heads of departments and agencies of the Federal Government including Government-owned and -controlled corporations, after consulting with the United States Public Health Service and after consideration of its recommendations, may establish employee health programs for the purpose of promoting and maintaining the physical and mental health of the employees of the Federal Government.

The United States Public Health Service for many years has made studies of specific industrial and occupational hazards and has furnished professional advice upon request to private industry and to agencies of the Federal Government. Many industrial organizations and commercial establishments have found that employee health programs have paid dividends in increased efficiency and productivity. It is anticipated that a preventive medical program operated by the several Federal departments and agencies should prove of great value in helping employees to perform their assigned duties efficiently and economically.

"A Suggested Plan for a Preventive Medical Program in a Federal Employees' Health Service" has been formulated and is presented in detail in the following pages of Public Health Reports. This plan is subject to modification from time to time in accordance with the evolution of preventive medicine.

¹ From the Bureau of Medical Services.

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**A SUGGESTED PLAN FOR A PREVENTIVE MEDICAL
PROGRAM IN A FEDERAL EMPLOYEES'
HEALTH SERVICE¹**

FOREWORD

The essential elements believed to be desirable for a preventive medical program in a Federal employees' health service at this time are set forth.

It is hoped that the plan suggested will be of assistance in developing, establishing and operating employees' health services such as are consistent with the provisions of Public Law 658.

I. PURPOSE

A Federal employees' health service program has two major objectives:

A. To serve the employee--the Federal employee (a taxpayer)--by assisting him to maintain optimal health while on the job.

B. To serve the employer--the Government (all taxpayers)--by increasing, or maintaining, production through the establishment and maintenance of methods and standards which make it possible for the employee to maintain optimal health in his total work environment.

The major objectives should be consistent with: (1) the function of the agency or department; (2) the Federal Government's responsibility as fixed by Public Law 658, Seventy-ninth Congress--hereafter referred to as the Act; (3) the Federal Government's responsibility as fixed by the Employees' Compensation Act of 1916 as amended; (4) the employee's relationship to his family physician and dentist; (5) the codes of ethics of the medical, dental and nursing professions.

II. AUTHORIZATION

[PUBLIC LAW 658--79TH CONGRESS]

[CHAPTER 865--2D SESSION]

[H. R. 2716]

AN ACT

To provide for health programs for Government employees

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, for the purpose of promoting and maintaining the physical and mental fitness of employees of the Federal Government, the heads of departments and agencies, including Government-owned and -controlled corpora-

¹ From the Office of Employees' Health, Bureau of Medical Services, United States Public Health Service.

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tions, are authorized, within the limits of appropriations made available therefor, to establish, by contract or otherwise, health service programs which will provide health services for employees under their respective jurisdictions: *Provided*, That such health service programs shall be established only after consultation with the Public Health Service and consideration of its recommendations, and only in localities where there are a sufficient number of Federal employees to warrant the provision of such services, and shall be limited to (1) treatments of on-the-job illness and dental conditions requiring emergency attention; (2) preemployment and other examinations; (3) referral of employees to private physicians and dentists; and (4) preventive programs relating to health: *Provided further*, That the health program now being conducted by the Tennessee Valley Authority and by the Panama Canal and Panama Railroad Company shall not be affected by the provisions of this Act: *And provided further*, That such health programs as are now being conducted for other Federal employees may be continued until June 30, 1947. The Public Health Service, when requested to do so, shall review the health service programs being conducted by any department or agency under authority of this Act and shall submit appropriate comment and recommendations. Wherever the professional services of physicians are authorized to be utilized under this Act, the definition of "physician" contained in the Act of September 7, 1916, as amended (U. S. C., 1940 edition, title 5, sec. 790), shall be applicable.

Approved, August 8, 1946.

III. INTERPRETATION OF THE ACT

A. In accordance with the authority contained in the Act of August 8, 1946, the heads of departments and agencies, including Government-owned and -controlled corporations, within the limits of appropriations made available therefor, may establish by contract or otherwise health services for employees under their respective jurisdictions according to any one, or combination, of the following:

1. Establish and operate their own health service programs;
2. Contract for the establishment and operation of their health service programs utilizing:
 - a) other competent Federal agencies or departments;
 - b) private or public organizations capable of rendering the services required;
3. Establish and operate in part their own health service programs and contract in part for the services authorized.

B. The scope of the health service programs as established in Public Law 658 is:

1. "Treatment of on-the-job illness and dental conditions requiring emergency attention;
2. "Preemployment and other examinations;
3. "Referral of employees to private physicians and dentists;
4. "Preventive programs relating to health."

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IV. PROPOSED STANDARDS AND RECOMMENDATIONS

The Public Health Service recommends that:

A. Type of program, personnel needs, functional organization -

1. All employees' health service programs be preventive health programs.

2. The professional responsibility for the health service programs be vested in the physician in charge of the agency's employees' health service.

3. The physician in charge of the employees' health service program of a department or agency, including Government-owned and -controlled corporations, be directly responsible at the level of the principal administrative officer of the department or agency, including Government-owned and -controlled corporations.

The position taken by the Public Health Service at this time in regard to the placement of a Federal employees' health service in the functional organization of an agency or department is as follows:

(a) The department or agency head, because of the responsibility inherent in his position, has the right to place the health service at the level he deems proper in his own department or agency.

(b) The Public Health Service, as the result of its experience with industry, advises that the placement of the health service be at a high level, such as is occupied by the principal administrative officer in a department or agency.

(c) The Public Health Service does not intend to designate the placement of the health service under any specific official, whether that official be an administrative officer, a personnel officer, or a budget officer, because this is a prerogative of the head of the department or agency.

The Act places the administrative responsibility for the health service program in the head of the Government department or agency, including Government-owned and -controlled corporations.

4. The nurse in charge of a nursing service be administratively and professionally responsible to the chief physician of the agency, and collaborate with him in fulfilling the broad areas of the program. In agencies where there is no physician in charge of the employees' health service program, the nurse in charge of the nursing and health service be administratively responsible at the level of the principal administrative officer of the department, or agency, including Government-owned and -controlled corporations.

5. The professional personnel - physicians, dentists, nurses, and other professional personnel operating in, and in relation to, the health service program be of high professional caliber and capabilities which comply with the professional standards established by the Civil Service Commission for professional personnel engaged in a preventive medical program. In instances where professional personnel are members of the Civil Service Commission, they shall be

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Navy, or the Public Health Service, or are those engaged in programs of the Veterans' Administration, professional standards be those established within each respective service organization herein named for personnel engaged in preventive medical programs within each respective service.

The number of physicians, dentists, nurses, and adjunctive specialists and supporting personnel as set forth below provides a flexible base from which to initiate services. With such a beginning, modification either by addition or subtraction may be made to suit factors in each specific location.

6. The number of physicians per unit of population be one physician for 4,000 to 6,000 employees.²

Factors to be considered in determining a more exact ratio of physicians to population include among others:

- (a) distribution of employees geographically;
- (b) shifts worked;
- (c) extent of industrial hazards present;
- (d) employee turnover;
- (e) number of health examinations required;
- (f) size of employee population;
- (g) sex and age distribution of the employee group;
- (h) type of work being done;
- (i) degree of group isolation from other medical and dental services;
- (j) degree of accessibility of the health service to the employee;
- (k) degree of employees' understanding of the purpose and availability of the health services.

7. The number of dentists per unit of population be determined following a review and evaluation of need in relation to a preventive dental program in accord with the Act.

The factors listed above concerning the ratio of physicians per unit of population are generally applicable to the ratio of dentists per unit of population.

8. The number of nurses per unit of population be that recommended for industry, namely:³

- 1 nurse for up to 300 employees;
- 3 nurses for the first 1,000 employees;
- 1 nurse for each additional 1,000 employees, up to 5,000 employees;
- 1 nurse for each further additional 2,000 employees.

The factors which influence the number of nurses required per unit of population are essentially the same as those which influence the number of physicians required. Furthermore, when a preventive

² This ratio is an estimate based on existing practices in industry, with consideration for the real difference existing between the type of preventive medical program authorized by Public Law 636 and industrial medical programs. The ratio is based on the potential work load of the physician in preventive medical programs.

³ Report of the Committee to Study the Duties of Nurses in Industry of the Public Health Nursing Section of the American Public Health Association, PUBLIC HEALTH NURSING, July 1943, p. 394.

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medical program is to evolve from existing emergency room first-aid services, it is essential that a gradual infiltration of appropriately qualified public health nurses be effected at all levels in the functional organization of the respective Federal employees' health service. Infiltration may, and in many instances should, be accomplished by two processes: First, by adding an appropriate number of public health nurses to the program in the beginning, for the purpose of effecting supervisory guidance and instruction of incumbent staff, and for the purpose of effectuating the desired evolution; and second, by filling all vacancies as they occur in the natural course of events by appropriately qualified public health nurses in order to sustain the desired evolution.

It is hoped provision may be made whereby incumbent nurse personnel in emergency room first-aid services are given the opportunity and encouraged to secure appropriate professional education and appropriate professional experience whereby they may qualify as public health nurses.

9. The number of technicians, stenographers, and clerical personnel per unit of population be determined upon the basis of the potential treatment load of the professional personnel of the health unit, and upon the degree of accessibility of available Federal and local facilities for medical technical work for each agency.

10. In special instances where circumstances warrant, advisers in the fields of Health Education, Nutrition Education, Sanitary Engineering, and other adjunctive services be added to the basic professional staff of the individual employee health service.

11. Health service programs now (August 8, 1946) being conducted may be continued until June 30, 1947. After June 30, 1947, in those departments and agencies including Government-owned and -controlled corporations where the health service program plans have not been completed and appropriations secured, "temporary interim programs" with a physician in charge, or with a registered nurse in charge be continued until the head of the department or agency can complete the necessary plans, obtain approval, and secure appropriations for a permanent health service program.

Congressional authority in a department's or agency's appropriation act will be necessary to continue the operation of "temporary interim programs" after June 30, 1947. The language of the respective appropriation acts should specifically identify the type of health service to be conducted by the department or agency as being either (a) a temporary interim health service, or (b) a preventive medical service.

12. "Temporary" health service programs be established on a nursing level until such time as plans are approved, and appropri-

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tions secured for permanent health service programs under the direction of a qualified physician. Looking toward the development of programs authorized by the Act, and under the existing authority for the employing of registered nurses, heads of departments and agencies, including Government-owned and -controlled corporations, employ nurses who are qualified in accordance with Civil Service Commission standards for nurse personnel in preventive medical programs. Nurses of the commissioned corps of the Army, the Navy, or the Public Health Service and nurses employed by the Veterans' Administration assigned to Federal employees' health services should meet the standards set by the respective above-named Services for nurse personnel in preventive medical programs.

13. The space made available for health service units be adequate in all respects for conducting an effective health service program.

14. The supplies and equipment provided be sufficient for the existing demands.

15. The records in all health service programs be properly maintained on prescribed standard forms. Individual case records of medical, dental, and nursing services be retained in the health unit and be regarded as confidential material. Interpretive reports be available for official usage.

16. The reporting procedures in all health service programs conform to prescribed standard requirements in order that valid statistical comparisons may be made.

17. Nurses be provided with professionally acceptable written standing orders.

18. The health unit be the focal point concerning the health of the employee and the related employee health matters of the department or agency. All activities relating to employee health matters be centralized in the health unit's professional personnel. All health counseling be conducted by the appropriate professional personnel of the health unit.

19. Illness and injury incurred in performance of duty or proximately caused by employment are properly the responsibility of the Bureau of Employees' Compensation, and the prescribed regulations pertaining thereto be followed inasmuch as Public Law 658 is not interpreted as superseding the Compensation Act of September 7, 1916, amended.

20. The health program for the individual department or agency and Government-owned and -controlled corporation be considered as one over-all health service for the total employee population, and the health service be financed at the departmental level for the total department or agency and for its constituent subdivisions, including

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individual bureaus, divisions and constituent administrative units thereof.

21. An adequate maid and janitor service be provided in relation to the needs of the health service unit.

22. Each department and agency utilize to the utmost existing available Federal and local facilities, in relation to the operation of the various phases of the health service programs, for consultation and for health educational purposes.

23. In instances where employees of one agency are stationed in a building in which another agency operates a health service, and in instances where employees of an agency are located within easy access of another agency's health service, effort be made by the agencies concerned to effect a contract whereby the existing health services may be utilized by the agencies concerned. The resources of the Bureau of the Budget and the United States Public Health Service be utilized as needed in effecting this arrangement. In order to facilitate maximum utilization of Federal employees' health services as proposed above, the Public Health Service, acting upon the request of the Bureau of the Budget, shall establish and maintain a currently active, central registry of all health services operating in Federal departments and agencies including Government-owned and -controlled corporations. This registry shall be used for the purpose of effecting coordination, and for providing the Bureau of the Budget with information and identification data.

24. Where agencies are not large enough to justify health service programs of their own, cooperative arrangements be worked out with other Federal agencies.

25. Health service programs be established in the metropolitan area of Washington, D. C., first. At a later date a program for the field be developed.

26. Plans be effectuated whereby appropriate health service will be provided to those groups of employees for whom it is not feasible to provide complete service as herein outlined, due to the factor of isolation and/or the small size of the group.

B. The health program and scope of service—

The basic health program comprising medical, dental and nursing service shall include the following:

1. Promotion of the individual employee's optimal health.
2. Diagnostic and advisory services.
3. Treatment, medical and dental, as defined by the Act.
4. Prevention of disease.
5. Analysis of statistics and services.
6. Maintenance of all medical records of employees as confidential medical information.

7. Interpretation of findings to personnel and management officials and collaboration with personnel officials in planning, initiating and carrying out various over-all aspects of the program.

C. The component parts of each specific phase of the health program be as outlined below

1. Promotion of the individual employee's health. This be accomplished through the following:

a) Health examinations which include:

- (1) preplacement examinations:
 - (a) original;
 - (b) reassignment;
- (2) periodic examinations as indicated;
- (3) regular annual health examination to include determination of current medical findings (somatic and psychic); current dental findings; chest X-ray; urine analysis and other laboratory work as indicated;
- (4) examination following sickness at sentecism as indicated;
- (5) examinations upon the request made by the employee himself, his superior officer, or the nurse;
- (6) examination of the physically handicapped, followed by medical advice for the purpose of securing proper job placement;
- (7) examinations to determine:
 - (a) fitness for continuing assignment;
 - (b) need for separation and/or health status at time of separation;
 - (c) need for change of duty;
 - (d) need for retirement and/or health status at time of retirement;
 - (e) presence of infectious or communicable disease;
 - (f) presence of conditions of chronic and/or of serious nature;
 - (g) presence of mental illness and/or acute emotional imbalance;
 - (h) degree of progress occurring in cases requiring rehabilitation;
- (8) periodic examination of foreign service personnel following service abroad, with special reference to infectious diseases; recommending appropriate measures and/or determining fitness for continuing the assignment; obtaining from appropriate sources information concerning specific health hazards about to be encountered in service outside the country and recommending precautions to be taken.

b) The preemployment health examination be used as the foundation upon which to develop the health record and future health service for the individual employee within the agency.

c) The professional personnel of the health unit consult with the employee regarding the recorded findings at the time of the health examination in accordance with the physician's directions; health education and guidance, together with periodic follow-up, be carried out by the physician and the nurse on an individual and personalized basis to facilitate effective functioning of the individual, and of the group.

d) The preemployment health record contain the following:

- (1) social and occupational history;
- (2) medical and dental history;
- (3) current dental findings;
- (4) chest X-ray reports;
- (5) current medical findings (somatic and psychic);
- (6) urinalysis report;
- (7) blood serology report;
- (8) hematology report (when indicated);
- (9) an expression of the physician's opinion regarding the employee's probable capacity for making a satisfactory adjustment to the proposed job, and/or to other employment.

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e) The practice be initiated and continued whereby the medical records are regarded as confidential medical information and an interpretation of findings is given to personnel and management officials when and as desirable for more effective utilization of manpower as related to the employees' adjustment to the job; job placement; job adjustment; and maintenance of individual and group health.

f) Sustained collaboration be maintained between the physician, industrial hygiene personnel and the safety engineer, in the study of the total physical work environment of each group of workers for the following purposes:

(1) to determine the nature and extent of hazards which are present, or believed to be imminent;

(2) to plan, initiate, and secure appropriate action for correcting any hazardous situation.

g) The physician be charged with an industrial physician's share of responsibility for detecting the presence of specific occupational hazards, and the presence of tangible and intangible factors within the work environment which are capable of having a deleterious effect upon the health of the worker and his level of productivity.

h) The physician be charged with an industrial physician's share of responsibility for discovering needs, recommending specific measures, and jointly initiating appropriate action for correcting conditions requiring attention.

i) The physician be charged with the full responsibility of a medical specialist in maintaining sustained collaboration and cooperation between the health unit and other appropriate personnel of the agency or department, and in providing the employee with an optimal work environment.

j) The physician and professional staff of the health unit be charged with the responsibility of maintaining a sustained health-education program for the employee population, and separate groups thereof. Appropriate health-education activities be planned, initiated, and carried out by the medical, dental, nursing, and other appropriate professional personnel of the health unit.

k) An industrial mental hygiene program be promoted which is directed at better job adjustment for employees and better placement of employees, concerned with the fitting together of the emotional demands of the job and the emotional assets of the employee. This should be done through a program of education and supervision, at all levels in the functional organization of the agency.

Such programs be carried out with the collaboration and cooperation of the personnel staff.

l) Programs of case finding, communicable disease control, special campaigns such as mass chest X-ray examinations, and similar activities be planned, initiated and carried out by the professional staff of the health unit for the employee population of the agency.

2. Diagnostic and advisory service include:

a) Professional evaluation of the employee's symptoms; determination of the true nature of his problem; determination of the significance of his problem in relation to:

- (1) the employee;
- (2) the employee group;
- (3) production levels;
- (4) the community;

b) Guidance of the employee into a fuller understanding of:

- (1) his problem;
- (2) ways of dealing with his problem;
- (3) resources available to him for his use in dealing with his problem;
- (4) appropriate steps to be taken in dealing with his problem.

c) Referral of the employee to physicians and dentists of the employee's own selection for treatment of illness, other than on-the-job illness and dental condition requiring emergency attention.

d) Utilization by the agency physician of the consultation services of the United States Public Health Service and other Federal and local resources, and effective exchange of pertinent information between the agency's employees' health service and the resources mentioned above.

e) Appropriate interpretation of the employee's problem to the superior officer of the employee, and to appropriate personnel officers within the agency who share responsibility for all, or part, of the situation.

3. Medical, dental, and nursing treatment provided to employees include the following:

a) Immediate care of illness and injury incurred in the performance of duty and/or proximately caused by the employment.

b) Subsequent care of such conditions as are authorized by the Bureau of Employees' Compensation under the direction of properly designated authorities.

c) Care of on-the-job illnesses and dental conditions of noncompensable nature which require emergency attention.

d) Emergency care of the employee who is suffering from a serious nonservice-connected illness and/or injury; and prompt arrangement for further medical care for the employee by his private physician and/or dentist, or by a hospital.

e) Special treatments to the individual employee upon the specific request of his local private physician or dentist. The medication and biologicals needed for his treatment to be acquired by the employee at his own expense and supplied by him to the health unit.

f) Professional consultation and health instruction by the physician, the dentist, the nurse, and other appropriate professional personnel on matters relating to the individual's maintenance of optimal health and well-being.

g) Dental treatment include:

- (1) immediate care of illness and injury incurred in the performance of duty and/or proximately caused by the employment;
- (2) subsequent care of such conditions as are authorized by, and under the direction of, authorities designated by the Bureau of Employees' Compensation;
- (3) preemployment and periodic oral examination and diagnosis;
- (4) emergency dental treatment necessary for the relief of pain and infection;
- (5) adequate recording of findings and recommendations;
- (6) referral of the employee for further remedial and restorative care to the private dentist of the employee's selection;
- (7) dental health education.

NOTE.--The details concerning the scope and type of dental service to be recommended by the Public Health Service are being developed, and will be presented at a later date.

h) The function of the nursing service include treatment, health counseling, health education, and liaison, as well as administration, and operation of

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the individual and/or group of health units. The nurse's responsibility will include performing such services as the following:

- (1) interviewing;
- (2) health counseling;
- (3) health instruction;
- (4) case-finding and follow-up on an individual basis;
- (5) treatment of on-the-job illness and dental condition requiring emergency attention according to standing orders, or other appropriate medical or dental authorization;
- (6) collaboration and participation in planning, initiating and carrying out over-all health education programs, and programs of case-finding on a mass level;
- (7) carrying out under the direction of the supervising physician specific phases of research relating to such as the following:
 - (a) program planning to improve methods;
 - (b) disease prevention;
 - (c) reduction of absenteeism;
- (8) maintaining approved systems of records and reports;
- (9) compiling records and reports;
- (10) cooperating with the physician and/or the dentist during his examination, and/or treatment, of the individual employee;
- (11) appraisal and referral of cases to appropriate available resources;
- (12) acting as liaison between the employee and these resources;
- (13) acting as interpreter, and/or liaison, between the employee and his physician, and/or his dentist; between the agency physician and the employee; between the agency physician and appropriate personnel at various levels in the functional organization of the agency; between the agency physician and personnel of the community resources; and in instances where the physician is in charge of the agency health service, between the total health service and the personnel at all levels in the functional organization of the agency;
- (14) maintaining a professionally correct visiting nurse service program, either as a part of the health unit service or on a contract basis with appropriate available resources, Federal, State, or local.

4. Analysis of statistics and services be made for the purpose of:

- a) Utilizing the preemployment health examination and health records as indices from which to plan and initiate appropriate health measures and health education activities.
- b) Utilizing reports of illness and injury incurred in performance of duty as a basis for initiating appropriate collaboration between the health service and the service of the safety engineer in effecting changes in the environment, and assisting the safety engineer in securing specific and appropriate accident-control and safety-promotion measures.
- c) Securing close approximation and correlation between the services of the health unit, and the services of the personnel office.
- d) Computing accurate cost analyses.

D. Appropriate quarters and facilities be provided by the agency to enable the employees' health service program to fulfill its function:--

1. Each health unit (and substation thereof) be so equipped and so arranged as to:

- a) Promote effective functioning of the individual unit; expedite the flow of work through the unit, and eliminate unnecessary detention of the employee who comes to the unit for health service; and provide a professionally correct environment.
- b) Conserve the time and energy of the employee, and that of the personnel of the health unit.

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- c) Provide maximum privacy for every employee during examination, treatment, and interview by the professional personnel of the health unit.
- d) Provide an adequate reception and waiting room area.
- e) Provide a suitable office for each physician, with equipment to include the following basic items:

- 1 examination table;
- 1 instrument cabinet;
- 1 treatment table for holding equipment which is being used by the physician in examining and/or treating the employee;
- 1 desk;
- 2 chairs;
- 1 mirror;
- appropriate professional instruments and equipment; a curtain, swinging from overhead supports, to screen the examination table and to provide a dressing room for the employee prior to and following examination and/or treatment;
- 1 water-toilet and lavatory;
- 1 coat closet.

- f) Provide suitable office and work space for each dentist which is adequately equipped to fulfill the functions of the dentist as set forth by the Act.

Details concerning type and quantity of dental equipment to be recommended by the Public Health Service are being worked out and will be presented at a later date.

- g) Provide suitable treatment rooms, fully and appropriately equipped for use by the nurse while treating and/or interviewing the employee. Each treatment room be provided with a lavatory fixture with hot and cold running water, treadle controlled, and also a separate lavatory fixture for use by the employee when receiving oral and throat treatment, such as mouthwashes, gargles, and throat irrigations; or into which other contaminated solutions may be discarded, such as solutions from hand soaks, etc. (Having soundproof treatment rooms is essential so that the employee may be provided with the opportunity to discuss his problems of a more intimate nature while he is being treated for minor problems, and/or problems of less intimate nature.)

- h) Provide at least one treatment room in excess of the number of nurses to be employed in any one unit (this is essential to provide space for treating employees who require soaks and packs, but who need not retain a nurse in constant attention with them.)

- i) If laboratory services are required within the agency's health unit, provide a separate appropriately equipped unit or room to serve as a laboratory unit. This unit be so designed and so situated that the operator will be screened from view while working in the laboratory.

The problem of determining what is the most desirable plan for providing laboratory and X-ray service as a part of the employees' health service of the individual department, agency, or Government-owned and -controlled corporation is a problem which is unique for each individual and each specific location and should be determined with reference to the degree of availability of other appropriate facilities (Federal, State, and local), relative cost in dollars and cents, in employee time and energy, and in the end results to be accomplished.

- j) Provide a communal work space or utility room immediately adjacent to the treatment rooms. This utility room space be equipped with:

- (1) a work counter;
- (2) running water (hot and cold) and sink and drainboards (treadle-control faucets);

(3) sufficient cabinet space to accommodate communal equipment and stock supplies;

(4) desk space for the staff nurses at which to write records and compile reports;

(5) file cabinets for filing case records adjacent to the nurse's desk. (Case records should be in close proximity to the treatment rooms and easily accessible to the nurse so that she may review the previous entries on the employee's case record before launching into treatment of his current problem. This is essential inasmuch as groups of symptoms are significant.)

k) Provide the equivalent of two comfortable rest rooms--one for male employees; one for female employees. Each room be equipped with an adequate number of beds.

l) Provide two complete toilet units--one for male, one for female, employees.

m) Provide adequate space to accommodate the required number of clerical workers.

n) Provide necessary storage space for equipment and supplies; and provide enough space for an adequate number of file cabinets.

o) Provide a soundproof office for the chief nurse, of size sufficient to permit its use as a staff-conference room.

p) Provide adequate office space for all other professional personnel who shall be required to hold conferences, or prepare written material, e. g. the assistant chief nurse, the visiting nurse, etc.

q) Provide a nurses' dressing and locker room equipped with an adequate number of lockers, chairs, dressing tables, mirrors, and a complete toilet and lavatory unit (lockers to be of sufficient size to permit the acceptance of heavy street clothes).

r) All health units be provided with standard "Health Unit" signs which are easily discernible and legible at a distance from every approach to the unit.

s) Each health unit be equipped with a drinking fountain.

2. In selecting the location of health units the following features be taken into account:

a) The health unit be centrally located, preferably on the first floor, near an exit which can be reached easily by automobile. If the unit is located above the ground floor, it be within easy access of elevators.

b) The unit be located in an area free from vibration and noise.

c) The unit be situated so as to permit expansion of facilities if and as the need for expansion occurs.

d) The space allocated for the health unit be compact and permit easy flow of work to eliminate bottlenecks and back-tracking.

e) The unit be well lighted and have controlled ventilation and temperature.

3. The pervading tone and quality of the total employees' health service be that created by the influence of high professional standards and a genuine interest in and respect for the personality of the individual employee.